



APPLICATION FOR SUMMER CAMP COUNSELOR POSITION

Name _____ Male _____ Female _____

Address _____ Phone _____ E-Mail _____

City/Town _____ Social Security No. _____ Current Grade _____

Are you at least 16 years of age? Yes _____ No _____

Are you certified in CPR and First Aid? Yes _____ No _____

Expiration date of certification _____

Have you ever worked in a summer camp program before? Yes _____ No _____

If yes, when and in what capacity? _____

EDUCATION

Institution

Major

Degree or Number of
Years Completed

High School _____

College _____

Other _____

REFERENCES (please *THOROUGHLY* complete following section)

(Give names telephone #'s and e-mail addresses of THREE references who are not related to you. State their relationship to you.)

1. _____

2. _____

3. _____

When was your last medical check-up? _____

(A current physical exam is required to work for the Youth Commission Town Camp.)

Doctor's Name _____ Phone _____

-over-



CERTIFICATION: I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Signature of Applicant _____ Date _____

NOTE: All staff must attend a training session, which will take place during the week before the camp opens. In addition, all paid staff must have Social Security numbers in order to be hired, and all paperwork must be completed and submitted to the Youth Commission at least three weeks prior to the start date in order to be added to payroll.

INTEREST AND SPECIAL SKILLS – PLEASE FILL IN BOTH AREAS

Please list any areas of special skills, talents or interest (hobbies, pastimes, etc.):

Please list any traits and/or assets you possess which would make you a candidate for this position:

OTHER NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Do you have the full physical, mental, emotional and medical ability to do the job for which you have applied? If not, please explain. Also, if you need a reasonable accommodation to do the job for which you have applied, please explain.

FOR OFFICE USE:

DATE OF INTERVIEW _____

REFERENCES CHECKED

1)

2)

3)

COMMENTS & OBSERVATIONS

DATE OF HIRE _____ RESPONSE _____

Rev 1/17